

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

465

STATE FILE NUMBER

63-043283

FILED DEC 13 1963

1. PLACE OF DEATH

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Jefferson City, Mo

Length of stay in 1b  
4 Days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Charles E. Still

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Moniteau

c. CITY OR TOWN Jamestown, Mo

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
Gen Del

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Mittie Merle Coons

4. DATE OF DEATH  
Month Day Year  
12/7/63

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
10/17/83

9. AGE (last birthday)  
80

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Sensstress

10b. KIND OF BUSINESS OR INDUSTRY  
Own Home

11. BIRTHPLACE (City and state or country)  
Fulton, Mo

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

John H. Coons

13b. MOTHER'S MAIDEN NAME

Eliza Reed

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Louis Eder-Jamestown, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ventricular Fibrillation

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute Myocardial Infarction, 12 hrs

DUE TO (c)

Arteriosclerotic heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Senility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-3-63 to 12-7-63 and last saw her alive on 12-7-63  
Death occurred at 1:20 P 1/30 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

D. Y. Chung

22b. ADDRESS

1001 Jamestown Mo

22c. DATE SIGNED

12-10-63

23a. BURIAL CREATION REMOVAL IS BY  
Burial

23b. DATE

12/9/63

23c. NAME OF CEMETERY OR CREMATORY

Hill Crest Cemetery

23d. LOCATION (City, town, or county)

Fulton, Mo

24. FUNERAL DIRECTOR

ADDRESS

Bowlin Funeral Home-California, Mo

25. DATE RECD. BY LOCAL REG.

11 December 1963

26. REGISTRAR'S SIGNATURE

Norma E. Richter

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1 0269  
2 0680  
3  
4 1  
5 0  
6  
7 0  
8 2  
9 1200  
10  
11  
12 1-2  
13 3-0

9961 - 5831  
FEB 5 - 1965

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack H. Bowler

Licensed Embalmer No. 4933

P. O. Address California, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.